King County	Department of Adult and Juvenile Detention Adult Divisions General Policy Manual	
	Chapter 7 **Resident Services**	
7.02.006, Suicide Prevention and Intervention	Approved By:	Deputy Director Steve Larsen
	Effective Date:	November 22, 2023
	Reviewed By:	PRC
Distribution:	Review Date:	October 25, 2023

Purpose
To prevent suicides and suicide attempts when possible. If a suicide does occur, appropriate corrective action is identified and implemented to prevent future incidents.

Policy
It is the policy of this Department to provide a suicide prevention program that includes training, identification, referral, evaluation, housing, monitoring, communication, intervention, notification, reporting, review and critical incident debriefing.

References

RCW: Chapter 68.50

Department Policies:
- 3.02.003, Emergency Drills
- 3.02.014, Death Investigations, Administrative Reviews and Inquests
- 3.02.018, Jail Freeze and Lockdown
- 4.01.021, Evidence Collection and Storage
- 4.03.009, Restraints
- 6.03.003, Critical Resident Placement
- 7.01.005, Medical and Psychiatric Housing

Department Forms:
- Supervisor Incident Report
- Medical Kite
- Deferral Screening
- Officers Report
- Close Observation Check Log

Other:
- Settlement Agreement with United States Department of Justice
- King County Department of Adult Detention Incident Worksheet
- Receiving Screening Form (JHS, electronic database)
- JHS Suicide Prevention Program
- NCCHC Standards for Health Services in Jails

Definitions
Acutely Suicidal: A resident that is actively engaging in self-injurious behavior and/or threatening suicide with a specific plan.

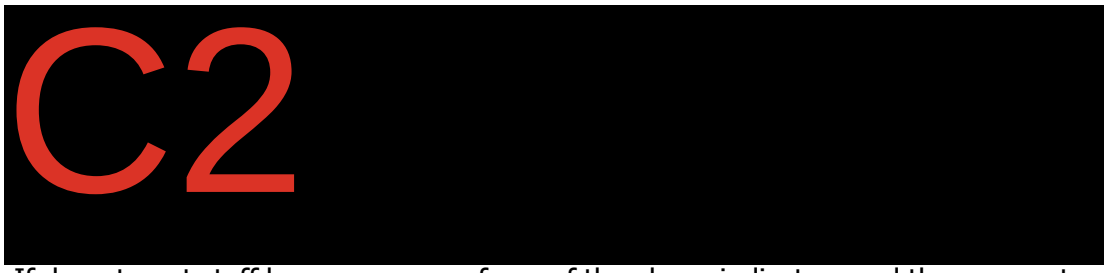
Non-acutely Suicidal: A resident who expresses current suicidal ideation and/or has a recent history of self-destructive behavior.
Close observation: The monitoring of a non-acutely suicidal resident at C2, C1 intervals not to exceed [redacted] minutes between checks (i.e., C2, C1). A minimum of [redacted] randomly spaced close observation checks must be completed during each C2, C1 period.
Constant Watch: The continuous and constant monitoring of an acutely suicidal resident.
Psychiatric Housing Unit: A housing unit for individuals determined by Jail Health Services (JHS) to be unable to function in general population because of a significant mental disorder, the symptoms which result in serious impairment in adaptive functioning and may include a safety risk for the individual and/or others.
Suicide Prevention Watch Team Meeting: A daily multidisciplinary meeting consisting of JHS, uniformed staff, CPS or other staff to review the status of residents in close observation or on constant watch.
Psychiatric Evaluation Specialist (PES): A JHS licensed counselor working under this title.
Psychiatric Provider: A JHS Psychiatrist or psychiatric ARNP.
Medical Examiner: A King County official who investigates the cause and manner of deaths as specified in Chapter 68.50 of the RCW.
Emergency Response Kit: Emergency Response Kits contain the following:

C2 [redacted]

A. Procedure

1. **Training:**
   a. All staff members who work directly with residents shall be trained in the identification and management of suicidal residents. Training shall include instructor-led, competency-based training at a minimum of 4 hours for new employees, online training, and 2 hours annually of in-service training.
   b. Department staff shall be trained to recognize the verbal and behavioral cues that indicate potential suicide and how to respond appropriately.
   c. Department staff, who come into contact with residents, will participate in annual mock drill training to ensure a prompt emergency response to all suicide attempts following department policy 3.02.003, Emergency Drills.
   d. Department training shall encompass all aspects of this policy.
2. **Identification:**
   a. At Intake, a uniformed staff member shall screen/interview each resident for potential suicide risk using the JMS Deferral Screening form.
   b. The JMS Deferral Screening form will be provided to the ITR JHS nurse(s).
   c. All department staff shall use their judgment, training, and personal observations, to detect instances throughout the facilities where a resident's behavior or statements indicate emotional distress or potential suicide. Some indicators include, but are not limited to:

C2 [redacted]



d. If department staff become aware of any of the above indicators and they suspect a resident is experiencing emotional distress or is potentially suicidal, they shall immediately notify JHS and request the resident be evaluated.

3. **Referrals:**
   a. If staff have reason to believe a resident is potentially suicidal, uniformed staff will move the resident to a location where the resident can be visually monitored until JHS arrives to evaluate the resident.
   b. Uniformed staff shall immediately notify/page/call the JHS nurse and the Duty Sergeant of any resident who appears to be potentially suicidal.
   c. If JHS determines a resident is potentially suicidal, JHS will notify the deck officer and the resident will be escorted to the appropriate psychiatric housing location.
4. **Evaluation:**
   a. Those residents considered a potential suicide risk by Department staff or JHS shall be placed in the appropriate level of psychiatric observation housing.
   b. Once a resident is placed in psychiatric housing, that resident will remain there until further evaluated by JHS.
   c. If a resident is kept in close observation housing after the initial evaluation, they will be seen the next day and thereafter on a daily basis to adequately access the appropriateness of housing,
   d. Only JHS can clear a resident from psychiatric housing.
5. **Housing**:
   a. Constant watch and close observation housing is intended for short-term housing and management of residents. The primary objective of constant and close observation housing is to monitor the safety of residents and reclassify them to other psychiatric housing or general population when deemed appropriate by JHS.
   b. All close observation housing will be in a suicide resistant as possible cell as available.
   c. Residents assigned to close observation housing shall be:
      1) Assigned to a bunk or bed and not a mattress on the floor.
      2) Issued a mattress, a safety smock, safety blanket, paper cup, toilet paper, soap, sandals, and meals served in a Styrofoam or paper container.
      3) Provide feminine hygiene products to female residents.
      4) Allowed to retain their eyeglasses, as long as they are not tampered with.
      5) Allowed to attend standard privileges (i.e., visits, telephone calls, dayroom access) unless the resident has lost those privileges as a result of unsafe behavior. The Duty Sergeant must be notified prior to dayroom access or privileges being denied and an Officer's Report submitted through the Chain of Command.
   d. Residents assigned to constant observation shall be:
      1) Assigned to a bunk or bed and not a mattress on the floor.

2) Issued a mattress, a safety smock, safety blanket, paper cup, toilet paper, soap, sandals, and meals served in a Styrofoam or paper container.
3) Provide feminine hygiene products to female residents.
4) Allowed to attend standard privileges (i.e., visits, telephone calls, dayroom access) unless the resident has lost those privileges as a result of unsafe behavior. The Sergeant must be notified prior to dayroom access or privileges being denied and an Officer's Report submitted through the Chain of Command.

e. In emergent situations, issued items and/or allowed privileges may be removed (i.e., to avoid self-harm or imminent damage to property) by an Officer after consulting with the Sergeant. After the immediate emergency ends, ongoing removal of items and/or privileges should be done in collaboration with JHS.
f. There shall be a daily multidisciplinary meeting consisting of Uniformed Staff, JHS, CPS and other staff to review the status of residents in close observation or on constant watch.
g. Before a resident is transferred from close observation housing, they must be seen by a Psychiatric Evaluation Specialist. Housing placement will be made with the input of the PES and Classification.
h. Any non-critical change in a resident's housing location shall be accomplished pursuant to department policies 7.01.005, Medical and Psychiatric Housing and 6.03.003, Critical Resident Placement.

6. **Monitoring:**
a. Department uniformed staff are responsible for overseeing the safety and security of residents in close observation housing.
b. Department uniformed staff will perform the constant watch and close observations.
c. Department uniformed staff will complete a Close Observation Check Log sheet or a close observation check in JMS to document for every random close observation check; this notation will include the Officer's Peoplesoft number, the time and information about the resident's behavior.
d. For non-acutely suicidal residents, a minimum of [redacted] randomly spaced close observation checks will be completed in every C2. C1 period.

[redacted]

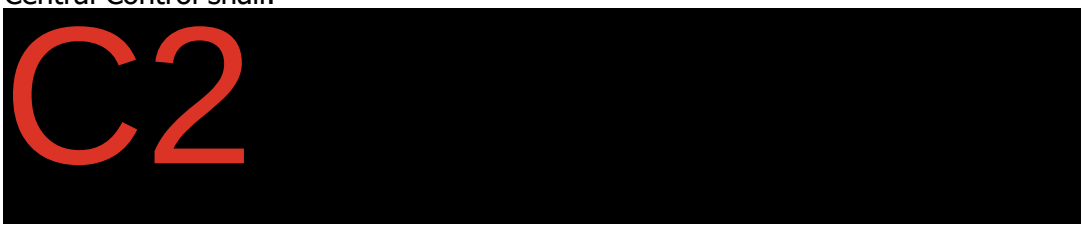
e. Department uniformed staff will complete the JMS Meal Monitor tab and/or JMS Water Shut Off Log, when applicable.
f. Department uniformed staff will perform constant watch duties for those residents where established criteria indicate that constant watch is appropriate per JHS.
g. Only JHS can clear a resident from constant watch or close observation.
h. Residents returning from the hospital following a self-harm or suicide attempt shall be seen by JHS in ITR, per policy 4.04.002, Hospital Guarding, and a housing determination made at that time.
i. Residents on close observation or constant watch due to potential suicide risk or self-harm behavior shall not be permitted to cover their heads with blankets or other materials that prevent an Officer from ensuring their well-being.

7. **Intervention/Reporting/Notification/Debriefing:**
   a. Department staff who discover an attempted suicide or self-harming behavior shall:
      1) Notify the nearest uniformed staff member and remain in the area to render assistance as directed by uniformed staff.
      2) Submit a report or memo to the Sergeant as directed.
   b. Officers shall:
      1) The first uniformed staff member on scene shall notify Central Control by the quickest means available and relay the following detailed information:

      2) Enter affected area once it is determined safe by sufficient numbers of Officers or at the direction of the Sergeant.

   c. Floor Control (KCCF)/Housing Control (RJC) shall:

   d. Central Control shall:



   e. The Duty Sergeant shall:

[redacted]

f. The Shift Commander shall:
   1) Maintain contact with the Sergeant throughout the incident and staff response.

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C2

g. The Facility Major shall:
   1) Ensure additional assistance is provided to any staff member(s) affected by the incident.

[redacted]
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8. **Follow-up:**
   a. In the case of all resident deaths, including suicides, an administrative review is conducted by the Department pursuant to Department policy 3.02.014, Death Investigations, Administrative Reviews and Inquests.
   b. All suicides will result in a Critical Incident Review by JHS and include Department representation.
   c. Suicide attempts will be evaluated on a case-by-case basis by JHS and may result in a Critical Incident Review that will include Department representation.